

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

Editor's Note: The following Notice of Exempt Rulemaking was reviewed per Executive Order 2012-03 as issued by Governor Brewer. (See the text of the executive order on page 660.) The Governor's Office authorized the notice to proceed through the rulemaking process on May 18, 2012.

[R13-43]

PREAMBLE

- 1. Article, Part or Section Affected (as applicable) Rulemaking Action**
R9-25-601 New Section
R9-25-602 New Section
- 2. Citations to the agency's statutory rulemaking authority to include the authorizing statute (general) and the implementing statute (specific), and the statute or session law authorizing the exemption:**
Authorizing statutes: A.R.S. §§ 36-136(F), 36-2202(A)(4), and 36-2209(A)(2)
Implementing statutes: A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(5) and (8)
Statute or session law authorizing the exemption: Laws 2011, Chapter 47, § 2
- 3. The effective date of the rule and the agency's reason it selected the effective date:**
April 5, 2013
The effective date is the date the Department expects the Notice of Exempt Rulemaking to be published in the *Arizona Administrative Register*.
- 4. A list of all notices published in the Register as specified in R1-1-409(A) that pertain to the record of the exempt rulemaking:**
Notice of Public Information: 19 A.A.R. 156, February 1, 2013
- 5. The agency's contact person who can answer questions about the rulemaking:**
Name: Terry Mullins, Bureau Chief
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Bureau of Emergency Medical Services and Trauma System
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Phoenix, AZ 85007-3248
Telephone: (602) 364-3150
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E-mail: Terry.Mullins@azdhs.gov
or
Name: Thomas Salow, Manager
Address: Arizona Department of Health Services
Office of Administrative Counsel and Rules
1740 W. Adams, Suite 203
Phoenix, AZ 85007
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E-mail: Thomas.Salow@azdhs.gov

6. An agency's justification and reason why a rule should be made, amended, repealed, or renumbered to include an explanation about the rulemaking:

The statutes in Arizona Revised Statutes (A.R.S.) Title 36, Chapter 21.1, govern emergency medical services. The Department uses the authority granted by these statutes to make the rules in Arizona Administrative Code (A.A.C.) Title 9, Chapter 25. Laws 2011, Chapter 47, § 1 requires the Department to "adopt rules relating to the coordination of stroke care services between emergency medical services providers and hospitals in this state." Laws 2011, Chapter 47, § 2 gives the Department exempt rulemaking authority for two years after the effective date to adopt these rules. The Department received an exception from the Governor's rulemaking moratorium, established by Executive Order 2012-03, for this rulemaking. The Department is adopting these rules in 9 A.A.C. 25, Article 6, which include definitions and requirements for the development, content, and review of emergency stroke care protocols. All rules conform to current rulemaking format and style requirements of the Governor's Regulatory Review Council and the Office of the Secretary of State.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

None

8. A showing of good cause why the rulemaking is necessary to promote a statewide interest if the rulemaking will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact, if applicable:

Not applicable

10. A description of any changes between the proposed rulemaking, including any supplemental proposed rulemaking, and final rulemaking package (if applicable):

Not applicable

11. An agency's summary of the public or stakeholder comments made about the rulemaking and the agency response to the comments, if applicable:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules. When applicable, matters shall include, but not be limited to:

a. Whether the rule requires a permit, whether a general permit is used and if not, the reasons why a general permit is not used:

The rule does not require a permit.

b. Whether a federal law is applicable to the subject of the rule, whether the rule is more stringent than the federal law and if so, citation to the statutory authority to exceed the requirements of the federal law:

Not applicable

c. Whether a person submitted an analysis to the agency that compares the rule's impact of the competitiveness of business in this state to the impact on business in other states:

Not applicable

13. A list of any incorporated by reference material and its location in the rule:

None

14. Whether this rule was previously made, amended, repealed or renumbered as an emergency rule. If so, the agency shall state where the text changed between the emergency and the exempt rulemaking packages:

The rule was not previously made, amended, repealed, or renumbered as an emergency rule.

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

**CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES**

ARTICLE 6. ~~REPEALED~~ STROKE CARE

Notices of Exempt Rulemaking

Section

R9-25-601. ~~Repealed~~ Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

R9-25-602. ~~Repealed~~ Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

ARTICLE 6. ~~REPEALED~~ STROKE CARE

R9-25-601. ~~Repealed~~ Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. "Council" means the emergency medical services council established under A.R.S. § 36-2203.
2. "Local EMS coordinating system" means the same as in A.R.S. § 36-2210.
3. "National stroke care standards" means criteria for the assessment and treatment of stroke that are consistent with guidelines established by the American Stroke Association.
4. "National stroke center certification organization" means an entity:
 - a. Such as:
 - i. The Joint Commission;
 - ii. The Healthcare Facilities Accreditation Program; or
 - iii. Det Norske Veritas Healthcare, Inc.;
 - b. That assesses the compliance of a hospital with national stroke care standards; and
 - c. That documents hospitals that meet national stroke care standards.
5. "Primary stroke center" means a hospital that meets national stroke care standards, as determined by a national stroke center certification organization.
6. "Stroke patient" means an individual who has signs or symptoms of a stroke and is receiving assessment or treatment for a stroke.

R9-25-602. ~~Repealed~~ Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))

A. The council shall:

1. Establish emergency stroke care protocols, and
2. Support the adoption of emergency stroke care protocols by emergency medical services providers through local EMS coordinating systems.

B. The council shall ensure that emergency stroke care protocols:

1. Are developed and implemented in coordination with:
 - a. Local EMS coordinating systems.
 - b. National organizations that focus on heart disease and stroke.
 - c. Emergency medical service providers, and
 - d. Health care providers;
2. Include procedures for the pre-hospital assessment and treatment of stroke patients;
3. Provide for transport of stroke patients to the most appropriate emergency receiving facility, consistent with A.R.S. § 36-2205(E), taking into account the:
 - a. Needs of a stroke patient;
 - b. Availability of resources in urban areas, suburban areas, rural areas, and wilderness areas;
 - c. Capability of an emergency receiving facility to practice telemedicine, as defined in A.R.S. § 36-3601, with specialists in stroke care;
 - d. Location of emergency receiving facilities that:
 - i. Are primary stroke centers; and
 - ii. Participate in quality improvement activities, including the submission of data on stroke care provided by the emergency receiving facility that may be compiled on a statewide basis;
 - e. Capability of an emergency receiving facility that is not a primary stroke center to stabilize a stroke patient before initiating a transfer to a primary stroke center;
 - f. Capability of an emergency receiving facility that is not a primary stroke center to stabilize and admit a stroke patient; and
 - g. Distance and duration of transport;
4. Are consistent with national stroke care standards; and
5. Are based on data on stroke care from:
 - a. National organizations that focus on heart disease and stroke.
 - b. U.S. Department of Transportation, National Highway Traffic Safety Administration; and
 - c. Statewide data on stroke care, as available.

C. The council shall review and update, as necessary, the emergency stroke care protocols in subsection (A) at least once every three years.